

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

- 2.1 Application, Determination of Eligibility and
Furnishing Medicaid
- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

(Omitted
Part 435,
AT – 79 - 29
AT – 80 - 34)

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<i>Citation</i> 42 CFR 435.914 1902(a)(34) of the Act	2.1(b) (1)	Except as provided in items 2.1 (b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
1902(e)(8) and 1905(a) of the Act	(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902 (a) (10) (E) (i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-a specifies the requirements for determination of eligibility for this group.
1902(a)(47) and	/ / (3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-a specifies the requirements for determination of eligibility for this group.
42 CFR 438.6	(c)	The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6, and that is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):
	/ /	Qualified under title XIII 1310 of the Public Health Services Act
	/X/	A Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2.
	/X/	A Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2.
	/X/	A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.
	/ /	Not applicable.

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1902(a)(55)
of the Act

2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

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435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in
ATTACHMENT 2.2-A.

/ / Mandatory categorically needy and other required
special groups only.

/ / Mandatory categorically needy, other required special
groups, and the medically needy, but no other
optional groups.

/ / Mandatory categorically needy, other required special
groups, and specified optional groups.

/X/ Mandatory categorically needy, other required special
groups, specified optional groups, and the medically
needy.

The conditions of eligibility that must be met are
specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435
and sections 1902(a)(10)(A)(i)(IV), (V), and (VI),
1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m),
1905(p), (q) and (s), 1920, 1925 of the Act are met.

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March 1987

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Citation
435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-272
(Section 9529)
and P.L. 99-509
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

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42 CFR 435.530(b)

42 CFR 435.531

AT-78-90

AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2 . 2-A .

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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Citation
42 CFR
435.121,
435.540(b)
435.541

2.5 Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A of this plan.

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42 CFR

435.10 and

Subparts G & H

1902(a)(10)(A)(i)

(III), (IV), (V),

and (VI),

1902(a)(10)(A)(ii)

(IX), 1902(a)(10)

(A)(ii)(X), 1902

(a)(10)(C),

1902(f), 1902(l)

and (m),

1905(p) and (s),

1902(r)(2),

and 1920

of the Act

2.6

Financial Eligibility

- (a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

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<i>Citation</i>	2.7	Medicaid Furnished Out of State
431.52 and 1902(b) of the Act, P.L. 99-272 (Section 9529)		Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State; and An eligible individual who is a resident of the state when care is provided in Canada under the conditions specified in Attachment 2.7-A.